

Unreimbursed Medical Reimbursement Claim Form

To expedite your claim:

- Provide *all* appropriate information.
- Review the Total Medical Care Expense amounts before printing.

Employer: _____

Employee Name: _____

Social Security Number: _____

Phone: _____

E-mail: _____

Fax: Page 1 of _____

Unreimbursed Medical Expense Claims				
Date Expense Incurred	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Net Amount
➤ Attach appropriate receipt(s) and submit with this claim form.			Total Medical Care Expense Claim	\$

Read Carefully: The undersigned participant in the Plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's Cafeteria Plan with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense.

Employee's Signature _____

Date _____

Medical Claim Filing Instructions

Claim Forms & Reimbursement Schedules available at www.elkinassociates.com

1

Gather Receipts & Claim Form

Receipts must include date(s) and details of service.

Service must be incurred during the Plan Year.

Cancelled checks or credit card receipts are not acceptable per IRS rules.

If claim is for an insurance deductible, an EOB (Explanation of Benefits) from the insurance company must be submitted.

2

Complete and Sign the Claim Form

Attach receipts and sign the claim form.

Keep copies for your records.

3

Submit Claim & Receipts to Elkin & Associates

Via Fax ·

800-598-6844

Or Via Mail ·

Claim Processing
Elkin & Associates, LLC
P. O. Box 35470
Charlotte, NC 28235

LOCAL FAX 704 375-1599



Customer Service:
800-598-6843

Avoid Mail Delays
Sign up for Direct Deposit
For your Reimbursement